

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF RIVERSIDE**

☐ 4050 Main St  
Riverside, CA 92501  
(951) 955-1970

☐ 880 N. State St  
Hemet, CA 92543  
(951) 766-2525

☐ 46-200 Oasis St  
Indio, CA 92201  
(760) 863-8207

**GUARDIANSHIP INFORMATION**

The following procedural information is provided to assist you in completing the guardianship package and is not intended as legal advice. If you need additional information you may wish to consult an attorney.

1. The cost to file the petition for guardianship is pursuant to the current fee schedule payable by cash, check, money order or credit card to Clerk of the Court.
2. The investigation fee is pursuant to the current fee schedule payable at the time of filing the petition. Refer to the sections titled Guardianship Investigation/Questionnaire for more information.
3. Forms must be typed or neatly printed in black ink. Addresses at questionnaire forms must be fully completed, including zip codes.
4. Return the completed forms in triplicate, except where otherwise indicated.

**GUARDIANSHIP INVESTIGATION**

Effective January 1, 1987, an investigation is required when a petition for guardianship is filed pursuant to Probate Section 1513, unless waived by the court.

A check for the investigation assessment must also accompany the petition at the time of filing.

1. When the proposed guardian is a relative of the minor, the check should be made payable to Clerk of the Court in the amount designated in the current fee schedule.
2. When the proposed guardian is a non-relative, the check shall be made payable to DPSS in the amount designated in the current fee schedule.

**NOTE:** The information requested is for the use of the Probate Investigator in the preparation of a report to the court as required by law.

The information provided and the report to the court are confidential. The report shall be made available only to the persons who have been served in the proceeding and the persons who have appeared in the proceedings or their attorneys.

**GUARDIANSHIP QUESTIONNAIRE**

The guardianship questionnaire must be signed by each of the proposed guardian(s) and accompany the petition for guardianship. You are responsible for completing each of the enclosed forms, providing multiple forms when necessary and ensuring that each form is readable and mail ready. The case number and hearing date will be assigned at the time of filing, therefore, do not complete.

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**RECORD CHECK REQUEST**

Note to Petitioner: The information requested below must be completed and signed by all adult members of the household. Please provide your maiden name and/or AKA's.

Guardianship of:

Probate Case Number:

Hearing Date:

Proposed Guardian (name):

List any AKA's:

California Driver's License # or ID #:

Social Security Number:

Date of Birth:

Prior Counties of Residence:

List of any offense other than a minor traffic violation. Give date, place and details of each offense:

Proposed Co-Guardian or Spouse (name):

List any AKA's:

California Driver's License # or ID #:

Social Security Number:

Date of Birth:

Prior Counties of Residence:

List of any offenses other than a minor traffic violation. Give date, place and details of each offense:

Adult Member of Household (name):

List any AKA's:

California Driver's License # or ID #:

Social Security Number:

Date of Birth:

Prior Counties of Residence:

List of any offense other than a minor traffic violation. Give date, place and details of each offense:

Adult Member of Household (name):

List any AKA's:

California Driver's License # or ID #:

Social Security Number:

Date of Birth:

Prior Counties of Residence:

List of any offense other than a minor traffic violation. Give date, place and details of each offense:

I/we authorize the Probate Investigator of Riverside County to exchange any and all information regarding this petition for guardianship pursuant to section 1513 and 1516 of the Probate Code.

Signature: \_\_\_\_\_

Date:

Signature: \_\_\_\_\_

Date:

Signature: \_\_\_\_\_

Date:

Signature: \_\_\_\_\_

Date:

**PERSONAL DATA AND SOCIAL HISTORY OF CHILD  
BEING PLACED UNDER GUARDIANSHIP**

Note to Petitioner: This form must be completed for each minor. Petitioner(s) must supply additional copies.

Name: \_\_\_\_\_ AKA \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship to petitioner \_\_\_\_\_

Date placed with petitioner \_\_\_\_\_ Placed by whom \_\_\_\_\_

Previous Residence \_\_\_\_\_

Present Residence if not placed with petitioner \_\_\_\_\_

Who cares for children if guardian and/or spouse are both employed? \_\_\_\_\_

Baby sitter or Childcare Facility (include name, address and phone number) \_\_\_\_\_

Medical/Developmental/Psychological Problems - List name and address of therapist if applicable: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

In agreement with placement ☐ Yes ☐ No

Father's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

In agreement with placement ☐ Yes ☐ No

**I declare, under penalty of perjury, that the foregoing facts are true and correct.**

Date: \_\_\_\_\_ Petitioner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Petitioner's Signature: \_\_\_\_\_

## PERSONAL DATA AND SOCIAL HISTORY OF GUARDIANS

## I. - IDENTIFYING INFORMATION

- |    |    |  |       |   |                |
|----|----|--|-------|---|----------------|
| 1. | a. | Full name of Proposed Guardian:  | FIRST | MIDDLE  | LAST           |
|    |    | aka/and/or maiden name:  |       |   |                |
|    |    | Phone number - Home:   |       | Work:   |                |
|    |    | Place of Employment:   |       |   |                |
|    | b. | Name of Spouse:  | FIRST | MIDDLE  | LAST           |
|    |    | aka/and/or maiden name:  |       |   |                |
|    |    | Phone number - Home:   |       | Work:   |                |
|    |    | Place of Employment:   |       |   |                |
| 2. |    | How long at present address:   |       | Own   | Rent           |
| 3. | a. | Proposed Guardian age  |       | Date of Birth   |                |
|    | b. | Place of Birth   |       |   |                |
| 4. |    | Are Co/Guardians husband and wife?   |       | Provide the following information relating to spouse of guardian. |                |
|    | a. | Spouse Age:  |       | Date of Birth   |                |
|    | b. | Place of Birth   |       |   |                |
| 5. |    | Do you drink alcohol/use drugs or take any kind of medication? How frequently? |       |   |                |
|    |    | Please explain.  |       |   |                |
|    |    | Guardian:  |       |   |                |
|    |    | Spouse:  |       |   |                |
| 6. |    | List all of the persons living in your home:                                   |       |   |                |
|    |    | Name   | DOB   | Soc. Sec. #   | Driver's Lic # |
|    |    |  |       |   | Relationship   |

7. Have you been approved previously for guardianship, foster care and/or adoption? ☐ Yes ☐ No;

If yes, state the name, address, phone # of the approving entity and date of approval:

- a. Name of Child:

Address:

- b. Name of Approving Entity:

Address and County:

Date of Approval:

8. Has the guardianship, foster care or adoption proceeding been terminated: If so, state the following:

- a. Date Terminated:

Reason:

9. Has action ever been taken against you in any state for removal of children from your custody? If so, please explain:

Outcome of action:

10. Briefly explain what problems or events resulted in the need to establish this guardianship:

11. What plans, if any, have been made for visitation of parents and grandparents?

## II. MARRIAGES

Proposed Guardian

1. Married ☐ Divorced ☐ Separated ☐ Widowed ☐
2. Date and Place of Present Marriage
3. Number and ages of children

4. Previous Marriages: (use additional paper if necessary)

Name of Former Spouse:

Date and Place of Divorce or Death:

Number and ages of children of this marriage:

Custody given to whom

Whereabouts of minor children

Who is supporting them:

Child Support Per month:

Paying \$

Receiving \$

Amount p/child p/month

Spouse

1. Previous marriages (Use additional paper if necessary)

2. Name of Former Spouse:

3. Date and Place of Marriage

4. How terminated: Death ☐ Divorce ☐ Place: City and State

Date:

Number and ages of children of this marriage:

Custody given to whom:

Whereabouts of minor children:

Who is supporting them:

Child Support per month:

Paying \$

Receiving \$

Amount p/child p/month

### III. FINANCIAL INFORMATION

1. Monthly net income of Proposed Guardian(s) (All Sources): \$

Monthly expenses: \$

2. Is medical insurance available to minor? If so, give name of Insurer:

3. Do you receive public assistance? If so, amount: \$

4. Does the minor(s) at issue receive income? What amount \$

What sources:

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**CHARACTER REFERENCE QUESTIONNAIRE**

Note to Petitioner: You have been provided with three (3) character reference forms. Please list three non-related references who have knowledge of your home life and standing in the community. It is preferred if one (1) reference be associated with the subject minor (eg. day care provider, therapist, teacher, medical professional)

CHARACTER REFERENCE'S NAME AND ADDRESS:

GUARDIANSHIP OF:

CASE NUMBER:

It is the duty of the Court Investigator's Office to investigate the suitability of the home in which a child has been or may be, placed and to submit a report of its investigation to the superior court. It is the purpose of this law to safeguard, so far as possible, the best interests and future welfare of the child.

Your name has been given by the undersigned as a reference. Will you kindly answer the following questions and return the completed form to us in the enclosed envelope within 10 days. If you desire to have us keep your name confidential, please indicate.

I authorize the Probate Investigator of Riverside County to exchange any and all information regarding my Petition for Guardianship pursuant to Section 1513 of the Probate Code.

Date:

Signed: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

**PETITIONER: DO NOT COMPLETE BELOW THIS LINE**

---

1. How long have you known the: proposed guardian(s)                      Minor                      Father of minor  
Mother of minor
2. How well do you know the proposed guardian(s)? In what capacity, if any, are you related to them?
3. How frequently have you visited the home where the minor(s) will reside?

4. How do you rate the characteristics of the proposed guardian(s)? (excellent, acceptable, unfavorable; explain unfavorable ratings under comments.)

Responsibility  
Honesty  
Disposition  
Moral Standards

Dependability  
Diligence/Industry  
Emotional Maturity  
Relationship to Child(ren)

5. To the best of your knowledge, are they financially able to add a child to their family?
6. What do you know of their habits, homelife, and their fitness to bring up children?
7. Do you consider their marriage (if applicable) a happy one? Why?
8. Have you observed any physical abuse or heated arguments within the family? If yes, briefly explain and give dates.
9. To what extent does proposed guardian(s) use intoxicants? (alcohol, drugs, etc.)  
Excessively                                      Moderately                                      Not at all
10. State your observations of each child subject to guardianship including any known physical or emotional problems.
11. Have the children expressed to you their feelings regarding the guardianship or custody?  
If so please explain.
12. Will you please state any reasons why you believe proposed guardian(s) would not be desirable guardians.
13. What special care are they giving to the child(ren) in their home? (if applicable)
14. If an occasion should arise where it would be necessary to place your own child or one in whom you are personally interested, would you feel satisfied to have him reared in this home? Why?
15. If you have any reservations about recommending the Guardianship, would you like to discuss questions with our investigator?

For additional comments use a separate attachment if necessary:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_



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Date:

Signed: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

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Mother of minor
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Honesty  
Disposition  
Moral Standards

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Diligence/Industry  
Emotional Maturity  
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Date:

Signed: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

**PETITIONER: DO NOT COMPLETE BELOW THIS LINE**

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1. How long have you known the: proposed guardian(s)                      Minor                      Father of minor  
Mother of minor
2. How well do you know the proposed guardian(s)? In what capacity, if any, are you related to them?
3. How frequently have you visited the home where the minor(s) will reside?

- Relationship to Child(ren)

- Phone number:

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**SCHOOL REPORT**

Note to Petitioner: Please complete below where indicated. A separate form is required for each minor.

NAME AND ADDRESS OF SCHOOL:

NAME OF CHILD:

AGE:

GUARDIANSHIP OF:

DATE OF BIRTH:

GRADE:

CASE NO:

Dear Principal,

Our department is currently conducting an investigation in regard to the minor whose name appears above. Therefore, we are requesting that you complete the information requested below and return to our department. Your cooperation is appreciated. We assure you that the information you provide us will be used with discretion. Confidential information is for the court investigator's use only. Your prompt return of this report is requested.

Thank you for your cooperation in this matter.

I authorize the Probate Investigator of Riverside County to exchange any and all information regarding my Petition for Guardianship pursuant to Section 1513 of the Probate Code.

Date:

Signed: \_\_\_\_\_

Print or type name: \_\_\_\_\_

Petitioner: Do not complete below this line

---

PLEASE ATTACH AVAILABLE GRADE TRANSCRIPTS AND/OR REPORT CARDS

Attendance satisfactory? ☐ Yes ☐ No

Truancies:

Health and Physical Condition

General Health:

Vision:

Hearing:

Physical Handicap:

Disease record:

Is the Child in Special Education Classes? ☐ Yes ☐ No

**Please rate the following accordingly:**      **S-Superior**      **A-Average**      **B-Below average**      **F-Failure**

Appears contented:

Neatly and cleanly dressed:

Has good work habits:

Gets along with others:

Accepts Responsibility:

Uses his/her abilities:

Good manual coordination:

Obedient and Cooperative:

Good health habits:

Bring work material regularly:

To your knowledge has the child been referred for psychological/psychiatric testing? ☐ Yes ☐ No

If Yes, please include report, if available. If not, the name, address and phone number of the examiner:

Remedial measures attempted:

Comments on contact with proposed guardians and/or parents:

Signed: \_\_\_\_\_

Title:

Dated:

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**EMPLOYMENT VERIFICATION**

Note to Petitioner: Complete information as requested below. If applicable, a separate form is required for spouse's employer.

EMPLOYER'S NAME AND ADDRESS:

GUARDIANSHIP OF:

Case number:

The employee named below is being considered by the court as a possible guardian of a minor. We shall appreciate it if you will complete this form and give us the benefit of any additional observations you may have made of the applicant in his or her work.

I authorize the Probate Investigator of Riverside County to exchange any and all information regarding my Petition for Guardianship pursuant to Section 1513 of the Probate Code.

Signed: \_\_\_\_\_

Date:

Print or type name: \_\_\_\_\_

Social Security Number:

**Petitioner: Do not complete below this line**

---

Name of Employee:

Position Title:

Date Employed:

Continuous Service?    Yes    ☐    No    ☐

Hours worked per week:                      Salary

If employment has terminated, please fill out the following:

Reason:

Re-employment possibilities:

Date:

\_\_\_\_\_  
EMPLOYER'S REPRESENTATIVE

TITLE/FIRM NAME